MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10,578066 APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER 1" AMENDMENT AFTER 2 ™AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. IND. DEP. 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. $2\overline{0}$ TOTAL IND. TOTAL IND. TOTAL DEP

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